

EXHIBIT 4
 DATE 1.12.07
 HB 108

Form 1099-R <input type="checkbox"/>		CORRECTED (if checked)		OMB No. 1545-0119		2004	
1 Gross distribution		2a Taxable amount		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
\$ 22,512.84		\$ 22,512.84					
2b Taxable amount not determined		Total distribution					
		<input checked="" type="checkbox"/>					
PAYER'S name, street address, city, state, and ZIP code							
PUBLIC EMPLOYEES RETIREMENT BOARD 100 N PARK AVE STE 200 P.O. BOX 200131 HELENA, MT 59620-0131							
PAYER'S Federal identification number				RECIPIENT'S identification number			
81-6001666							
3 Capital gain (included in box 2a)		4 Federal income tax withheld		5 Employee contributions or insurance premiums			
\$		\$ 4,502.56		\$ 0.00			
6 Not unrealized appreciation in employer's securities		7 Distribution code(s)		IRA/ SEP/ SIMPLE		8 Other %	
\$		1					
9a Your percentage of total distribution		9b Total employee contributions		Insurance Premium Paid			
%		\$		\$			
RECIPIENT'S name and Street address (including apt. no.) city, state, zip code							
Account number (optional)				10 State tax withheld			
				\$ 0.00			
11 State/Payer's state number				12 State distribution			
MT 321065				\$ 20,678.77			
13 Local tax withheld		14 Name of locality		15 Local distribution			
\$				\$			
C For Recipient's Records							
Department of the Treasury Internal Revenue Service							